

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Eastern District of Washington**

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- ☐ Chapter 7  
☒ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<b>Elizabeth</b> First name   <b>Rodriguez</b> Last name   Suffix (Sr., Jr, II, III)	<b>Rodrigo</b> First name   <b>Rodriguez</b> Last name   Suffix (Sr., Jr, II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	First name   Middle name   Last name   Business name (if applicable)   Business name (if applicable)	First name   Middle name   Last name   Business name (if applicable)   Business name (if applicable)
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	xxx - xx - <u>6</u> <u>8</u> <u>0</u> <u>8</u> OR 9xx - xx - _ _ _ _	xxx - xx - <u>5</u> <u>2</u> <u>5</u> <u>8</u> OR 9xx - xx - _ _ _ _

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Your Employer Identification  
Number (EIN), if any.**

EIN

EIN

EIN

EIN

**5. Where you live**

**89050 E Calico Rd**

Number Street

**Kennewick, WA 99338**

City State ZIP Code

**Benton**

County

**If your mailing address is different from the one above,  
fill it in here.** Note that the court will send any notices to  
you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill  
it in here.** Note that the court will send any notices to you  
at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing *this*  
district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I  
have lived in this district longer than in any other  
district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

*Check one:*

☒ Over the last 180 days before filing this petition, I  
have lived in this district longer than in any other  
district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

Debtor 1  
Debtor 2

Elizabeth  
Rodrigo

First Name

Middle Name

Rodriguez  
Rodriguez

Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7  
☒ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

☒ No.

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No.

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☐ No. Go to Part 4.
- ☒ Yes. Name and location of business

**Triple A's Trucking**

Name of business, if any

**89050 E. Calico Road**

Number Street

**Kennewick**

City

**WA**

State

**99338**

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☒ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☐ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- ☒ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

☒ No.

☐ Yes. What is the hazard?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

**Part 6:** Answer These Questions for Reporting Purposes

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.

**17. Are you filing under Chapter 7?**

- ☒ No. I am not filing under Chapter 7. Go to line 18.  
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☐ No  
☐ Yes

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

**18. How many creditors do you estimate that you owe?**

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000  
☐ 50-99 ☐ 5,001-10,000  
☒ 100-199 ☐ 10,001-25,000  
☐ 200-999

**19. How much do you estimate your assets to be worth?**

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**Part 7:** Sign Below

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Elizabeth Rodriguez

Elizabeth Rodriguez, Debtor 1

Executed on 06/19/2025

MM/ DD/ YYYY

**X** /s/ Rodrigo Rodriguez

Rodrigo Rodriguez, Debtor 2

Executed on 06/19/2025

MM/ DD/ YYYY

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are  
represented by one**

**If you are not represented by an  
attorney, you do not need to file this  
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

**/s/ Amy Wilburn**

Signature of Attorney for Debtor

Date **06/19/2025**

MM / DD / YYYY

**Amy Wilburn**

Printed name

**Law Office of Amy Wilburn, PLLC.**

Firm name

**PO Box 112350**

Number Street

**Tacoma**

City

**WA**

State

**98411**

ZIP Code

Contact phone **(253) 617-4380**

Email address **amy@amywilburnlaw.com**

**49583**

Bar number

**WA**

State



Additional Items: Continuation Page

12. Are you a sole proprietor of any full- or part-time business? (cont.)

Triple A's Trucking

Name of business, if any

89050 E. Calico Road

NumberStreet

KennewickWA99338

CityStateZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☒ None of the above

Fill in this information to identify your case and this filing:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 89050 E Calico Rd

Street address, if available, or other description

Kennewick, WA 99338

City State ZIP Code

Benton

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: Assessor's Office, Zillow estimate

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$1,006,140.00

Current value of the portion you own?  
\$1,006,140.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here .....



\$1,006,140.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: Jeep Who has an interest in the property? Check one.  
Model: Wrangler ☐ Debtor 1 only  
Year: 2023 ☐ Debtor 2 only  
Approximate mileage: 34802 ☒ Debtor 1 and Debtor 2 only  
Other information: ☐ At least one of the debtors and another  
☒ Check if this is community property (see instructions)

Source of Value: KBB

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$28,410.00

Current value of the portion you own?  
\$28,410.00

If you own or have more than one, describe here:

3.2 Make: Ford Who has an interest in the property? Check one.  
Model: F250 ☐ Debtor 1 only  
Year: 2018 ☐ Debtor 2 only  
Approximate mileage: 247896 ☒ Debtor 1 and Debtor 2 only  
Other information: ☐ At least one of the debtors and another  
☒ Check if this is community property (see instructions)

Source of Value: KBB

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$19,142.00

Current value of the portion you own?  
\$19,142.00

3.3 Make: Can-Am Who has an interest in the property? Check one.  
Model: UTV Maverick ☐ Debtor 1 only  
Year: 2020 ☐ Debtor 2 only  
Approximate mileage: \_\_\_\_\_ ☒ Debtor 1 and Debtor 2 only  
Other information: ☐ At least one of the debtors and another  
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\$3,225.00

Current value of the portion you own?  
\$3,225.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No  
☐ Yes

4.1 Make: \_\_\_\_\_ Who has an interest in the property? Check one.  
Model: \_\_\_\_\_ ☐ Debtor 1 only  
Year: \_\_\_\_\_ ☐ Debtor 2 only  
Other information: ☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?  
\_\_\_\_\_

Current value of the portion you own?  
\_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here \_\_\_\_\_ ➔

\$50,777.00

**Part 3:** Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe. ....**Appliances and furniture****\$750.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe. ....**Televisions, other electronics****\$300.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe. ....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe. ....**Exercise equipment****\$50.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe. ....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe. ....**Clothes, shoes and outerwear****\$300.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe. ....**Rings, other jewelry****\$200.00**

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe. ....**14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific information. ....**Tires****\$50.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →**\$1,650.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes ..... Cash: .....**\$80.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes .....

Institution name:

17.1. Checking account:	<b>Bank of America</b> <b>Account Number: 1147</b>	<b>(\$1,202.42)</b>
17.2. Checking account:	<b>Washington Federal Credit Union</b> <b>Account Number: 6805</b>	<b>\$2,417.18</b>
17.3. Savings account:	<b>Bank of America</b> <b>Account Number: 6935</b>	<b>\$10.00</b>

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes ..... Institution or issuer name:

_____	_____
_____	_____
_____	_____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Triple A's Trucking100.00%\$0.00**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

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---

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**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No☒ Yes .....

Institution name or individual:

Other:

Capital One  
Deposit on Secured Credit Card\$200.00

Other:

Capital One  
Deposit on Secured Credit Card\$700.00

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes ..... Issuer name and description:

_____	_____
_____	_____
_____	_____

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	_____
_____	_____
_____	_____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

_____
-------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

_____
-------

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

_____
-------

**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____
-------

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information. ....

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information. ....**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Surrender or refund value: \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information. ....**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim. ....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....



## 35. Any financial assets you did not already list

☒ No☐ Yes. Give specific information. ....

## 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .....

**\$2,204.76****Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

## 37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

## 38. Accounts receivable or commissions you already earned

☒ No☐ Yes. Describe. ....

## 39. Office equipment, furnishings, and supplies

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☒ Yes. Describe. ....**Office equipment and furniture****\$800.00**

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No☒ Yes. Describe. ....**2018 Reefer Utility Trailer****\$20,000.00**

## 41. Inventory

☒ No☐ Yes. Describe. ....

## 42. Interests in partnerships or joint ventures

☒ No☐ Yes. Describe .....

Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe. ....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information .....


**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....****\$20,800.00****Part 6:****Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.**47. Farm animals***Examples:* Livestock, poultry, farm-raised fish☒ No☐ Yes .....**48. Crops—either growing or harvested**☒ No☐ Yes. Give specific information. ....

49.	<b>Farm and fishing equipment, implements, machinery, fixtures, and tools of trade</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes .....	<div style="border: 1px solid black; width: 500px; height: 25px;"></div>
50.	<b>Farm and fishing supplies, chemicals, and feed</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes .....	<div style="border: 1px solid black; width: 500px; height: 25px;"></div>
51.	<b>Any farm- and commercial fishing-related property you did not already list</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Give specific information. ....	<div style="border: 1px solid black; width: 500px; height: 25px;"></div>
52.	<b>Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$0.00</b></div>
<b>Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above</b>		
53.	<b>Do you have other property of any kind you did not already list?</b> <i>Examples: Season tickets, country club membership</i>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Give specific information. ....	<div style="border: 1px solid black; width: 500px; height: 50px;"></div>
54.	<b>Add the dollar value of all of your entries from Part 7. Write that number here .....</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$0.00</b></div>
<b>Part 8: List the Totals of Each Part of this Form</b>		
55.	<b>Part 1: Total real estate, line 2 .....</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$1,006,140.00</b></div>
56.	<b>Part 2: Total vehicles, line 5</b>	<div style="border-top: 1px solid black; display: inline-block;"><b>\$50,777.00</b></div>
57.	<b>Part 3: Total personal and household items, line 15</b>	<div style="border-top: 1px solid black; display: inline-block;"><b>\$1,650.00</b></div>
58.	<b>Part 4: Total financial assets, line 36</b>	<div style="border-top: 1px solid black; display: inline-block;"><b>\$2,204.76</b></div>
59.	<b>Part 5: Total business-related property, line 45</b>	<div style="border-top: 1px solid black; display: inline-block;"><b>\$20,800.00</b></div>
60.	<b>Part 6: Total farm- and fishing-related property, line 52</b>	<div style="border-top: 1px solid black; display: inline-block;"><b>\$0.00</b></div>
61.	<b>Part 7: Total other property not listed, line 54</b>	<div style="border-top: 1px solid black; display: inline-block;"><b>\$0.00</b></div>
62.	<b>Total personal property. Add lines 56 through 61. ....</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$75,431.76</b></div>
	<b>Copy personal property total</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>+ \$75,431.76</b></div>

Debtor **Rodriguez, Elizabeth; Rodriguez, Rodrigo**

Case number (if known) \_\_\_\_\_

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. ....

**\$1,081,571.76**

Fill in this information to identify your case:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	<u>89050 E Calico Rd</u> <u>Kennewick, WA</u> <u>99338</u>	<u>\$1,006,140.00</u>	<input checked="" type="checkbox"/> <u>\$145,471.00</u>	<u>Wash. Rev. Code. § 6.13.030(b)</u>
Line from <i>Schedule A/B</i> :	<u>1.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>2023 Jeep</u> <u>Wrangler</u>	<u>\$28,410.00</u>	<input checked="" type="checkbox"/> <u>\$15,000.00</u>	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Line from <i>Schedule A/B</i> :	<u>3.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
 Debtor 2 Rodrigo Rodriguez  
 First Name Middle Name Last Name

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>2018 Ford F250</u> Line from Schedule A/B: <u>3.2</u>	<u>\$19,142.00</u>	<input checked="" type="checkbox"/> <u>\$15,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Brief description: <u>2020 Can-Am UTV Maverick</u> Line from Schedule A/B: <u>3.3</u>	<u>\$3,225.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Brief description: <u>Appliances and furniture</u> Line from Schedule A/B: <u>6</u>	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Televisions, other electronics</u> Line from Schedule A/B: <u>7</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>Exercise equipment</u> Line from Schedule A/B: <u>9</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Clothes, shoes and outerwear</u> Line from Schedule A/B: <u>11</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(a)</u>
Brief description: <u>Rings, other jewelry</u> Line from Schedule A/B: <u>12</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(a)</u>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
 Debtor 2 Rodrigo Rodriguez  
 First Name Middle Name Last Name

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>Cash on Hand</u> Line from Schedule A/B: <u>16</u>	<u>\$80.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.27.150</u>
Brief description: <u>Washington Federal Credit Union</u> <u>Checking account</u> <u>Acct. No.: 6805</u> Line from Schedule A/B: <u>17</u>	<u>\$2,417.18</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>Bank of America</u> <u>Checking account</u> <u>Acct. No.: 1147</u> Line from Schedule A/B: <u>17</u>	<u>(\$1,202.42)</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>Bank of America</u> <u>Savings account</u> <u>Acct. No.: 6935</u> Line from Schedule A/B: <u>17</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>Triple A's Trucking</u> Line from Schedule A/B: <u>19</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>Capital One Deposit on Secured Credit Card</u> <u>Other</u> Line from Schedule A/B: <u>22</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>Capital One Deposit on Secured Credit Card</u> <u>Other</u> Line from Schedule A/B: <u>22</u>	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$4.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>

Debtor 1	<b>Elizabeth</b>	<b>Rodriguez</b>	Case number (if known) _____
Debtor 2	<b>Rodrigo</b>	<b>Rodriguez</b>	
	First Name	Middle Name	Last Name

## Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <b>Office equipment and furniture</b>	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wash. Rev. Code. § 6.15.010(1)(e)</b>
Line from Schedule A/B: <u>39</u>			



Fill in this information to identify your case:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	<b>Gesa Credit Union</b> Creditor's Name <b>51 Gage Blvd</b> Number Street <b>Richland, WA 99352</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <b>11/2018</b> Last 4 digits of account number <b>2 6 0 1</b>	<b>Describe the property that secures the claim:</b> <b>2018 Ford F250</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<b>\$11,045.17</b>	<b>\$19,142.00</b>	<b>\$0.00</b>
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Add the dollar value of your entries in Column A on this page. Write that number here: **\$11,045.17**

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C	
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.2	<b>Small Business Administration</b> Creditor's Name <u>409 3rd St SW</u> Number Street <u>Washington, DC 20416</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>05/31/2020</u> Last 4 digits of account number <u>7 8 0 3</u>	Describe the property that secures the claim: <u>Office equipment and furniture 2018 Reefer Utility Trailer Washington Federal Credit Union</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>Small Business Loan</u>	<u>\$862,700.00</u>	<u>\$23,217.18</u>	<u>\$839,482.82</u>
2.3	<b>Spokane Teacher's Credit Union</b> Creditor's Name <u>9207 East Mission Avenue</u> Number Street <u>Spokane, WA 99206</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>6/20/2020</u> Last 4 digits of account number <u>8 0 8 5</u>	Describe the property that secures the claim: <u>2018 Reefer Utility Trailer</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$34,752.22</u>	<u>\$20,000.00</u>	<u>\$14,752.22</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$897,452.22</u>			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		_____			

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
 Debtor 2 Rodrigo Rodriguez  
 First Name Middle Name Last Name

Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.4	<b>Spokane Teacher's Credit Union</b> Describe the property that secures the claim: <u>\$7,912.29</u> Creditor's Name <u>2020 Can-Am UTV Maverick</u> <u>9207 East Mission Avenue</u> Number Street <u>Spokane, WA 99206</u> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>11/2018</u> Last 4 digits of account number <u>5 9 2 1</u> <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$7,912.29</u>	<u>\$3,225.00</u>	<u>\$4,687.29</u>
2.5	<b>The Goodyear Tire &amp; Rubber Company</b> Describe the property that secures the claim: <u>\$1,500.00</u> Creditor's Name <u>Tires</u> <u>200 Innovation Way</u> Number Street <u>Akron, OH 44316-0001</u> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number <u>5 3 9 9</u> <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$1,500.00</u>	<u>\$50.00</u>	<u>\$1,450.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$9,412.29</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
 Debtor 2 Rodrigo Rodriguez  
 First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<b>2.6</b>	<b>Twinstar Credit Union</b> Describe the property that secures the claim: <u>2023 Jeep Wrangler</u> Creditor's Name <u>PO Box Box 718</u> Number Street <u>Olympia, WA 98507-0718</u> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>06/09/2023</u> Last 4 digits of account number _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$72,964.00</u>	<u>\$28,410.00</u>	<u>\$44,554.00</u>
<b>2.7</b>	<b>Umpqua Bank</b> Describe the property that secures the claim: <u>89050 E Calico Rd Kennewick, WA 99338</u> Creditor's Name <u>500 SE Cass Ave</u> Number Street <u>Roseburg, OR 97470-3103</u> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>06/27/2022</u> Last 4 digits of account number <u>5 4 2 3</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$860,669.00</u>	<u>\$1,006,140.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$933,633.00</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<u>\$1,851,542.68</u>		



Fill in this information to identify your case:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106E/F

# Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>PO Box 7346</b> Number Street <b>Philadelphia, PA 19101</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Remarks:</b> Notice Only	Last 4 digits of account number _____  <b>When was the debt incurred?</b> <u>0</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2:** List All of Your NONPRIORITY Unsecured Claims

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.1</b>	<b>Absolute Resolutions Investments, LLC</b>	Last 4 digits of account number	<b>\$716.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	
<b>PO Box Box 243</b>		<b>11/2022</b>	
Number Street			
<b>Minneapolis, MN 55439</b>			
City State ZIP Code			
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Remarks: Original Creditor: US Bank, N.A.			
<b>4.2</b>	<b>ADT</b>	Last 4 digits of account number	<b>\$992.19</b>
Nonpriority Creditor's Name		When was the debt incurred?	
<b>PO Box 371878</b>			
Number Street			
<b>Pittsburgh, PA 15250</b>			
City State ZIP Code			
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans	
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Security System</b>	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

<b>4.3</b>	<b>American Express</b> <hr/> Nonpriority Creditor's Name <b>P.O. Box 410</b> <hr/> Number                      Street <hr/> <b>Ramsey, NJ 07446-0410</b> <hr/> City                              State                              ZIP Code	Last 4 digits of account number <u>1</u> <u>0</u> <u>0</u> <u>7</u>	<b>\$5,830.44</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

<b>4.4</b>	<b>AT&amp;T</b> <hr/> Nonpriority Creditor's Name <b>PO Box 5014</b> <hr/> Number                      Street <hr/> <b>Carol Stream, IL 60197</b> <hr/> City                              State                              ZIP Code	Last 4 digits of account number <u>0</u> <u>0</u> <u>7</u> <u>4</u>	<b>unknown</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cellular Service</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
<b>4.5</b>	<b>Banner Bank</b>	Last 4 digits of account number	<u>6</u> <u>5</u> <u>1</u> <u>4</u>	<u>unknown</u>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>10 S 1st Ave</b>				
Number Street				
<b>WallaWalla, WA 99362</b>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>4.6</b>	<b>Banner Bank</b>	Last 4 digits of account number	<u>1</u> <u>2</u> <u>3</u> <u>0</u>	<u>\$35,175.23</u>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>10 S 1st Ave</b>				
Number Street				
<b>WallaWalla, WA 99362</b>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.7</b>	<b>Banner Bank</b> Nonpriority Creditor's Name <b>10 S 1st Ave</b> Number Street <b>WallaWalla, WA 99362</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5</u> <u>6</u> <u>0</u> <u>7</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$19,318.51</b>
<b>4.8</b>	<b>Barclays Bank Delaware</b> Nonpriority Creditor's Name <b>PO Box 8803</b> Number Street <b>Wilmington, DE 19899</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6</u> <u>7</u> <u>8</u> <u>4</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$1,935.90</b>

Debtor 1      Elizabeth      Rodriguez      Case number (if known) \_\_\_\_\_  
Debtor 2      Rodrigo      Rodriguez      \_\_\_\_\_  
First Name      Middle Name      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.9</b>	<b>Benton Rural Electric Association</b> Nonpriority Creditor's Name <u>402 7th St.</u> Number      Street  <u>Prosser, WA 99350</u> City      State      ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5</u> <u>3</u> <u>0</u> <u>4</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	<b>\$488.71</b>
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<b>4.10</b>	<b>Boone Emergency Physicians</b> Nonpriority Creditor's Name <u>2753 Hospital Court</u> Number      Street  <u>Rio Grande City, TX 78582</u> City      State      ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number    _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<b>\$1,447.99</b>
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Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.11</b>	<b>Canal Insurance</b>	Last 4 digits of account number	_____	<b>\$642.24</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>P.O Box 7</b>				
Number Street				
<b>Greenville, SC 29602</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

<b>4.12</b>	<b>Capital One</b>	Last 4 digits of account number	_____	<b>\$210.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>05/2024</u>		
<b>PO Box 31293</b>				
Number Street				
<b>Salt Lake City, UT 84131</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.13</b>	<b>Capital One</b> Nonpriority Creditor's Name <b>PO Box 31293</b> Number Street <b>Salt Lake City, UT 84131</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>09/2024</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$696.00</b>
<b>4.14</b>	<b>Carson</b> Nonpriority Creditor's Name <b>3125 NW 35th Ave.</b> Number Street <b>Portland, OR 97210</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 2 5 1</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<b>\$34,413.36</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.15</b>	<b>Christensen Oil Fuel</b> Nonpriority Creditor's Name <u>1060 Jadwin Ave.</u> Number Street <u>Richland, WA 99352</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 1 6 3</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<b>\$15,702.52</b>
<b>4.16</b>	<b>Citibank N.A.</b> Nonpriority Creditor's Name <u>PO Box 9001037</u> Number Street <u>Louisville, KY 40290-1037</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> Wayfair	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$23,744.24</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.17</b>	<b>Citibank NA</b>	Last 4 digits of account number	_____	<b>\$1,896.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>06/2021</u>		
<u>5800 S Corporate Place</u>				
Number Street				
<u>Sioux Falls, SD 57108</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Remarks: Brand Source				

<b>4.18</b>	<b>Citibank NA</b>	Last 4 digits of account number	_____	<b>\$7,096.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>05/2023</u>		
<u>5800 S Corporate Place</u>				
Number Street				
<u>Sioux Falls, SD 57108</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Remarks: Home Depot				

Debtor 1      Elizabeth      Rodriguez      Case number (if known) \_\_\_\_\_  
Debtor 2      Rodrigo      Rodriguez      \_\_\_\_\_  
First Name      Middle Name      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.19</b>	<b>Citibank NA</b>	Last 4 digits of account number	<u>3</u> <u>4</u> <u>8</u> <u>9</u>	<b>\$1,109.09</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>5800 S Corporate Place</b>				
Number      Street				
<b>Sioux Falls, SD 57108</b>				
City      State      ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Remarks: Home Depot Card				
<b>4.20</b>	<b>Citibank, N.A.</b>	Last 4 digits of account number	_____	<b>\$17,178.41</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 9001094</b>				
Number      Street				
<b>Louisville, KY 40290-1094</b>				
City      State      ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Remarks: Macy's American Express				



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
4.21	<b>City of Kennewick</b> Nonpriority Creditor's Name <b>210 W 6th Ave.</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$257.30</b>
4.22	<b>City of West Richland</b> Nonpriority Creditor's Name <b>3100 Belmont Boulevard Suite 100</b> Number Street <b>West Richland, WA 99353</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0</u> <u>4</u> <u>0</u> <u>5</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$123.15</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.23</b>	<b>Coast Professional, Inc.</b> Nonpriority Creditor's Name <b>4273 Volunteer Road</b> Number Street <b>Geneseo, NY 14454</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6 2 3 3</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<b>\$2,113.46</b>
<b>4.24</b>	<b>CO-Energy, Inc.</b> Nonpriority Creditor's Name <b>1015 N Oregon Ave</b> Number Street <b>Pasco, WA 99301</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<b>\$5,120.38</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.25</b>	<b>Coleman Oil</b>	Last 4 digits of account number	_____	<b>\$11,714.40</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>335 Mill Road</b>				
Number Street				
<b>Lewiston, ID 83501</b>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.26</b>	<b>Comenity Bank</b>	Last 4 digits of account number	<u>9</u> <u>4</u> <u>9</u> <u>3</u>	<b>\$5,319.04</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 182120</b>				
Number Street				
<b>Columbus, OH 43218-2120</b>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Remarks: Sports Authority

Debtor 1      Elizabeth      Rodriguez      Case number (if known) \_\_\_\_\_  
Debtor 2      Rodrigo      Rodriguez      \_\_\_\_\_  
First Name      Middle Name      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.27</b>	<b>Crazy Frog Pest Control</b> Nonpriority Creditor's Name <u>4023 W. Clearwater Ave.</u> Number      Street  <u>Kennewick, WA 99336</u> City      State      ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number      _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$135.75</b>
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<b>4.28</b>	<b>Credit Collection Services</b> Nonpriority Creditor's Name <u>PO Box 607</u> Number      Street  <u>Norwood, MA 02062</u> City      State      ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5</u> <u>4</u> <u>0</u> <u>4</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	<b>\$110.00</b>
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Debtor 1      Elizabeth      Rodriguez      Case number (if known) \_\_\_\_\_  
Debtor 2      Rodrigo      Rodriguez      \_\_\_\_\_  
First Name      Middle Name      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.29**      Credit Management LP      Last 4 digits of account number      2 6 2 4      \$45.68

Nonpriority Creditor's Name

6080 Tennyson Pkwy Suite 100

Number      Street

Plano, TX 75024-6002

City      State      ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Collection Agency

**4.30**      Direct TV      Last 4 digits of account number      7 7 6 9      \$1,582.91

Nonpriority Creditor's Name

2230 E Imperial Hwy

Number      Street

El Segundo, CA 90245

City      State      ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Utility

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.31</b>	<b>Dobbs Peterbilt</b> Nonpriority Creditor's Name <b>2800 136th Avenue Court E.</b> Number Street <b>Sumner, WA 98390</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<b>\$1,700.00</b>
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<b>4.32</b>	<b>E-470 Public Highway Authority</b> Nonpriority Creditor's Name <b>P.O. Box 5470</b> Number Street <b>Denver, CO 80217-5470</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 0 4 9</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>unknown</b>
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Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.33</b>	<b>Ed Financial/ESA</b>	Last 4 digits of account number	_____	<b>\$8,958.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>08/2024</u>		
<u>120 N. Seven Oaks Dr.</u>				
Number Street				
<u>Knoxville, TN 37922-2359</u>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

  

<b>4.34</b>	<b>Ed Financial/ESA</b>	Last 4 digits of account number	_____	<b>\$15,876.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>09/2023</u>		
<u>120 N. Seven Oaks Dr.</u>				
Number Street				
<u>Knoxville, TN 37922-2359</u>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.35</b>	<b>Elan Financial Services</b> Nonpriority Creditor's Name <b>PO Box 108</b> Number Street <b>Saint Louis, MO 63166-1610</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	<b>\$12,090.08</b>
<b>4.36</b>	<b>First National Bank of Omaha</b> Nonpriority Creditor's Name <b>P.O. Box 2658</b> Number Street <b>Omaha, NE 68103-2658</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> Shopko Card	Last 4 digits of account number <u>1 7 3 3</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$899.01</b>



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
<b>4.37</b>	<b>FleetOne Holdings, LLC</b>	Last 4 digits of account number	<u>5</u> <u>1</u> <u>9</u> <u>4</u>	<b><u>\$2,023.48</u></b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 630038</b>				
Number Street				
<b>Cincinnati, OH 45263-0038</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>4.38</b>	<b>Flyers Energy, LLC</b>	Last 4 digits of account number	<u>6</u> <u>9</u> <u>5</u> <u>7</u>	<b><u>\$41,685.74</u></b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>2360 Lindbergh Street</b>				
Number Street				
<b>Auburn, CA 95602</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.39</b>	<b>Geico Inc.</b> Nonpriority Creditor's Name <b>Attn: Region 3 Underwriting</b> <b>PO Box 9105</b> Number Street <b>Macon, GA 31208</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>unknown</b>
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<b>4.40</b>	<b>Gesa Credit Union</b> Nonpriority Creditor's Name <b>51 Gage Blvd</b> Number Street <b>Richland, WA 99352</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> Charge-off	Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>11/2018</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment Account</u>	<b>\$699.00</b>
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Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.41</b>	<b>Gesa Credit Union</b> Nonpriority Creditor's Name <b>51 Gage Blvd</b> Number Street <b>Richland, WA 99352</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 6 6 1</u> <b>When was the debt incurred?</b> <u>11/2018</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$36,244.00</b>
<b>4.42</b>	<b>Gesa Credit Union</b> Nonpriority Creditor's Name <b>51 Gage Blvd</b> Number Street <b>Richland, WA 99352</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> Inspirus Credit Union	Last 4 digits of account number <u>0 6 6 1</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$21,496.56</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.43</b>	<b>Gesa Credit Union</b>	Last 4 digits of account number	_____	<b>\$9,157.69</b>
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	<b>51 Gage Blvd</b>			
	Number Street			
	<b>Richland, WA 99352</b>	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	Remarks: Inspirus Credit Union			

<b>4.44</b>	<b>Goldman Sachs Bank USA</b>	Last 4 digits of account number	<u>4</u> <u>6</u> <u>0</u> <u>7</u>	<b>\$7,071.00</b>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>07/2021</u>	
	<b>Lockbox 6112</b>			
	<b>PO Box 7247</b>	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	<b>Philadelphia, PA 19170-6112</b>	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	Remarks: Apple Card			

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.45</b>	<b>Goldman Sachs Bank USA</b>	Last 4 digits of account number	<u>9</u> <u>9</u> <u>8</u> <u>0</u>	<b>\$10,567.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>Lockbox 6112</b>				
<b>PO Box 7247</b>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
<b>Philadelphia, PA 19170-6112</b>		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Remarks: Apple Card				
<b>4.46</b>	<b>GWP Holdings, LLC</b>	Last 4 digits of account number	<u>5</u> <u>8</u> <u>8</u> <u>6</u>	<b>\$2,397.53</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>2800 136th Avenue Ct. E.</b>				
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>Sumner, WA 98390-9206</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1     Elizabeth     Rodriguez     Case number (if known) \_\_\_\_\_  
Debtor 2     Rodrigo     Rodriguez  
                    First Name                      Middle Name                      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.47</b>	<b>HSBC Bank USA NA</b> Nonpriority Creditor's Name <u>PO Box 4657</u> Number                      Street  <u>Carol Stream, IL 60197</u> City                      State                      ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number     _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<u><b>\$7,056.27</b></u>
<b>4.48</b>	<b>Hunt &amp; Sons, LLC</b> Nonpriority Creditor's Name <u>5750 S. Watt Ave</u> Number                      Street  <u>Sacramento, CA 95829</u> City                      State                      ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6</u> <u>0</u> <u>3</u> <u>6</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<u><b>\$83,246.11</b></u>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.49</b>	<b>Incyte Pathology, PS</b>	Last 4 digits of account number	_____	<b>\$8.77</b>
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	<b>P.O. Box 3495</b>			
	Number Street			
	<b>Raymond, OH 43067-0475</b>	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

<b>4.50</b>	<b>Indiana Toll Road Concession Company</b>	Last 4 digits of account number	<u>4</u> <u>6</u> <u>7</u> <u>4</u>	<b>\$76.00</b>
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	<b>3200 Cassopolis St.</b>			
	Number Street	As of the date you file, the claim is: Check all that apply.		
	<b>Elkhart, IN 46514</b>	<input type="checkbox"/> Contingent		
	City State ZIP Code	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify _____		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.51</b>	<b>Inland Imaging Associates, PS</b>	Last 4 digits of account number	<u>8</u> <u>6</u> <u>2</u> <u>5</u>	<b>\$42.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>801 S Stevens St.</b>				
Number Street				
<b>Spokane, WA 99204-2654</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.52</b>	<b>Jefferson Capital System</b>	Last 4 digits of account number	<u>9</u> <u>4</u> <u>9</u> <u>3</u>	<b>\$5,319.04</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 17210</b>				
Number Street				
<b>Golden, CO 80402</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.53</b>	<b>Justice Family Chiropractic</b>	Last 4 digits of account number	<u>L</u> <u>E</u> <u>U</u> <u>J</u>	<b>\$78.01</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>7106 W. Hood Place</b>				
Number Street				
<b>Kennewick, WA 99336</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				

<b>4.54</b>	<b>Kadlec Regional Medical Center</b>	Last 4 digits of account number	_____	<b>\$2,747.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>888 Swift Blvd</b>				
Number Street				
<b>Richland, WA 99352</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.55</b>	<b>Kadlec Regional Medical Center</b>	Last 4 digits of account number	_____	<b>\$169.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>888 Swift Blvd</b>				
Number Street				
<b>Richland, WA 99352</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>				

<b>4.56</b>	<b>Les Schwab Tire Center</b>	Last 4 digits of account number	<u>0</u> <u>6</u> <u>7</u> <u>1</u>	<b>\$4,905.16</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 5350</b>				
Number Street				
<b>Bend, OR 97708</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1      Elizabeth      Rodriguez      Case number (if known) \_\_\_\_\_  
Debtor 2      Rodrigo      Rodriguez      \_\_\_\_\_  
First Name      Middle Name      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.57</b>	<b>Linebarger Goggan Blair &amp; Sampson LLP</b> Nonpriority Creditor's Name <b>PO Box 17428</b> Number      Street  <b>Austin, TX 78760</b> City      State      ZIP Code	Last 4 digits of account number <u>1</u> <u>5</u> <u>2</u> <u>6</u>  When was the debt incurred?      _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	<b>\$115.50</b>
 <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.58</b>	<b>Malheur County Circuit Court</b> Nonpriority Creditor's Name <b>251 B. Street W. Box 3</b> Number      Street  <b>Vale, OR 97918</b> City      State      ZIP Code	Last 4 digits of account number <u>0</u> <u>8</u> <u>3</u> <u>3</u>  When was the debt incurred?      _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Traffic Violation</u>	<b>\$1,000.00</b>
 <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.59</b>	<b>Maryland Transportation Authority</b>	Last 4 digits of account number	_____	<b>\$61.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>P.O. Box 12853</b>				
Number Street				
<b>Philadelphia, PA 19176-0853</b>				
City State ZIP Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

<b>4.60</b>	<b>Michael Breier, DMD</b>	Last 4 digits of account number	_____	<b>\$1,578.50</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>07/2023</u>		
<b>2469 Queensgate Dr</b>				
Number Street				
<b>Richland, WA 99352</b>				
City State ZIP Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.61	<b>Motive</b> Nonpriority Creditor's Name <u>55 Hawthorne Street Suite 400</u> Number Street <u>San Francisco, CA 94105</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6</u> <u>5</u> <u>5</u> <u>3</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,369.62</b>	
4.62	<b>NC Quick Pass</b> Nonpriority Creditor's Name <u>P.O. Box 100020</u> Number Street <u>Fort Lauderdale, FL 33302-4430</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3</u> <u>5</u> <u>6</u> <u>1</u>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$180.88</b>	

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.63** New Jersey EZ-Pass Last 4 digits of account number 0 9 R P \$220.00

Nonpriority Creditor's Name

P.O. Box 4971

When was the debt incurred? \_\_\_\_\_

Number Street

As of the date you file, the claim is: Check all that apply.

Trenton, NJ 08650

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.64** Nolan's Collisions Last 4 digits of account number 7 5 7 9 \$1,503.92

Nonpriority Creditor's Name

1125 E. Columbia Street

When was the debt incurred? \_\_\_\_\_

Number Street

As of the date you file, the claim is: Check all that apply.

Pasco, WA 99301

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.65</b>	<b>North Texas Tollway Authority</b>	Last 4 digits of account number	<u>8</u> <u>6</u> <u>3</u> <u>1</u>	<b>\$43.10</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>P.O. Box 260928</b>				
Number Street				
<b>Plano, TX 75026-0928</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Traffic Violation</u>				

<b>4.66</b>	<b>North Texas Tollway Authority</b>	Last 4 digits of account number	_____	<b>\$120.77</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>P.O. Box 260928</b>				
Number Street				
<b>Plano, TX 75026-0928</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.67** North Texas Tollway Authority Last 4 digits of account number 0 7 2 9 **\$238.00**

Nonpriority Creditor's Name

P.O. Box 260928

Number Street

Plano, TX 75026-0928

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

**4.68** Numerica Credit Union Last 4 digits of account number \_\_\_\_\_ **\$5,059.47**

Nonpriority Creditor's Name

PO Box Box 4000

Number Street

Veradale, WA 99037

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.69</b>	<b>Oregon Judicial Department</b>	Last 4 digits of account number	<u>7</u> <u>2</u> <u>8</u> <u>4</u>	<b>\$440.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>1163 State St.</b>				
Number Street				
<b>Salem, OR 97301-2563</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Traffic Violation</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.70</b>	<b>Pennsylvania Turnpike Toll by Plate</b>	Last 4 digits of account number	<u>2</u> <u>2</u> <u>6</u> <u>1</u>	<b>\$290.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>P.O. Box 645631</b>				
Number Street				
<b>Pittsburgh, PA 15264-5254</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.71</b>	<b>Petrocard, Inc.</b> Nonpriority Creditor's Name <b>730 Central Ave S.</b> Number Street <b>Kent, WA 98032</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 9 1 1</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<b>\$30,050.69</b>
<b>4.72</b>	<b>P-Fleet Fuel Card</b> Nonpriority Creditor's Name <b>6390 Greenwich Drive Suite 200</b> Number Street <b>San Diego, CA 92122</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debt</u>	<b>\$1,455.85</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.73</b>	<b>Pinnacle Pain Center</b>	<b>Last 4 digits of account number</b> _____	<b>\$109.76</b>
Nonpriority Creditor's Name			
<b>8524 W. Gage Blvd. Bldg. A-1</b>		<b>When was the debt incurred?</b> _____	
Number Street			
<b>Kennewick, WA 99336</b>		<b>As of the date you file, the claim is:</b> Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input checked="" type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

<b>4.74</b>	<b>Prairie Electric, Inc.</b>	<b>Last 4 digits of account number</b> _____	<b>\$2,836.05</b>
Nonpriority Creditor's Name			
<b>27050 NE 10th Ave</b>		<b>When was the debt incurred?</b> _____	
Number Street			
<b>Ridgefield, WA 98642</b>		<b>As of the date you file, the claim is:</b> Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input checked="" type="checkbox"/> Check if this claim is for a community debt			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.75</b>	<b>Premier Anesthesia</b>	Last 4 digits of account number	_____	<b>\$44.04</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>2655 Northwinds Parkway</b>				
Number Street				
<b>Alpharetta, GA 30009</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.76</b>	<b>Revco Solutions Inc.</b>	Last 4 digits of account number	<u>0</u> <u>7</u> <u>8</u> <u>9</u>	<b>\$672.46</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>P.O. Box 2589</b>				
Number Street				
<b>Columbus, OH 43216-2589</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.77** Riverlink Last 4 digits of account number 9 3 0 3 \$11.38

Nonpriority Creditor's Name

P.O. Box 70

When was the debt incurred? \_\_\_\_\_

Number Street

As of the date you file, the claim is: Check all that apply.

Perry, NY 14530

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.78** Senske Services Last 4 digits of account number \_\_\_\_\_ \$661.00

Nonpriority Creditor's Name

400 N. Quay St.

When was the debt incurred? 12/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Kennewick, WA 99336

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Revolving Account

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.79</b>	<b>Smart Sales &amp; Lease</b> Nonpriority Creditor's Name <u>3220 W Main St #200</u> Number Street <u>Rapid City, SD 57702</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	<b>\$5,699.47</b>
<b>4.80</b>	<b>Sound Credit Union</b> Nonpriority Creditor's Name <u>P.O. Box 1595</u> Number Street <u>Tacoma, WA 98401</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$25,098.34</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.81</b>	<b>Spokane Teacher's Credit Union</b>	Last 4 digits of account number	_____	<b>\$7,799.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>11/2018</u>		
<u>9207 East Mission Avenue</u>				
Number Street				
<u>Spokane, WA 99206</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				

<b>4.82</b>	<b>Spokane Teacher's Credit Union</b>	Last 4 digits of account number	<u>4</u> <u>5</u> <u>3</u> <u>9</u>	<b>\$5,816.00</b>
Nonpriority Creditor's Name		When was the debt incurred? <u>07/2020</u>		
<u>9207 East Mission Avenue</u>				
Number Street				
<u>Spokane, WA 99206</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.83</b>	<b>Spokane Teacher's Credit Union</b> Nonpriority Creditor's Name <b>9207 East Mission Avenue</b> Number Street <b>Spokane, WA 99206</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 3 9 8</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$15,732.45</b>
<b>4.84</b>	<b>Spokane Teacher's Credit Union</b> Nonpriority Creditor's Name <b>9207 East Mission Avenue</b> Number Street <b>Spokane, WA 99206</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$53,380.91</b>



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.85** Synchrony Bank Last 4 digits of account number 1 7 0 9 \$933.74

Nonpriority Creditor's Name

P.O. Box 960012

When was the debt incurred? \_\_\_\_\_

Number Street

As of the date you file, the claim is: Check all that apply.

Orlando, FL 32896-0012

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Revolving Account

Is the claim subject to offset?

- ☒ No  
☐ Yes

Remarks: CheapOair

**4.86** TCL North America Last 4 digits of account number \_\_\_\_\_ \$87.60

Nonpriority Creditor's Name

850 New Burton Road Suite 201

When was the debt incurred? \_\_\_\_\_

Number Street

As of the date you file, the claim is: Check all that apply.

Dover, DE 19904

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.87</b>	<b>TD Bank USA</b>	Last 4 digits of account number	<u>2</u> <u>4</u> <u>9</u> <u>2</u>	<b>\$511.51</b>
Nonpriority Creditor's Name				
<b>PO Box Box 673</b>		When was the debt incurred?	<u>04/2019</u>	
Number Street				
<b>Minneapolis, MN 55440-0673</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

<b>4.88</b>	<b>The Home Depot/CBNA</b>	Last 4 digits of account number	_____	<b>\$1,109.09</b>
Nonpriority Creditor's Name				
<b>PO Box 6497</b>		When was the debt incurred?	_____	
Number Street				
<b>Sioux Falls, SD 57117</b>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.89</b>	<b>Transworld Systems, Inc.</b> Nonpriority Creditor's Name <b>P.O. Box 15110</b> Number Street <b>Wilmington, DE 19850</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 1 0 9</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	<b>\$575.72</b>
<b>4.90</b>	<b>Twinstar Credit Union</b> Nonpriority Creditor's Name <b>PO Box Box 718</b> Number Street <b>Olympia, WA 98507-0718</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 9 8 9</u> <b>When was the debt incurred?</b> <u>11/2023</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$15,294.00</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.91</b>	<b>Uline</b> Nonpriority Creditor's Name <b>12575 Uline Drive</b> Number Street <b>Pleasant Prairie, WI 53158</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 3 8 5</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$753.56</b>
<b>4.92</b>	<b>US Bank</b> Nonpriority Creditor's Name <b>800 Nicollet Mall</b> Number Street <b>Minneapolis, MN 55402-7000</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4 8 2 8</u> <b>When was the debt incurred?</b> <u>01/2017</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>	<b>\$15,148.00</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.93</b>	<b>US Bank</b>	Last 4 digits of account number	_____	<b>\$715.62</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>800 Nicollet Mall</b>				
Number Street				
<b>Minneapolis, MN 55402-7000</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Remarks: Fred Meyer Visa				

<b>4.94</b>	<b>US Bank</b>	Last 4 digits of account number	<u>0</u> <u>4</u> <u>8</u> <u>8</u>	<b>\$1,422.18</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 108</b>				
Number Street				
<b>Saint Louis, MO 63166</b>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.95	<b>Verizon Wireless</b> Nonpriority Creditor's Name <b>Bankruptcy Administration</b> <b>500 Technology Drive Suite 550</b> Number Street <b>Saint Charles, MO 63304</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 0 0 1</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cellular Service</u>	<b>\$4,783.08</b>	
4.96	<b>Violation Enforcement Systems</b> Nonpriority Creditor's Name <b>P.O. Box 1212</b> Number Street <b>Horseheads, NY 14845-1200</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 9 R P</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$213.80</b>	

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.97</b>	<b>WA Dept of Transportation</b> Nonpriority Creditor's Name <b>P.O. Box 34562</b> Number Street <b>Seattle, WA 98124-1562</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 5 8 0</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$123.88</b>
<b>4.98</b>	<b>Waterways, Inc.</b> Nonpriority Creditor's Name <b>2118 SE 12th Ave. #101</b> Number Street <b>Battle Ground, WA 98604</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,102.62</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.99</b>	<b>Wells Fargo Card Services</b>	Last 4 digits of account number	_____	<b>\$2,337.00</b>
Nonpriority Creditor's Name		When was the debt incurred?	<b>05/2018</b>	
<b>PO Box 393</b>				
Number Street				
<b>Minneapolis, MN 55480-0393</b>				
City State ZIP Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				

<b>4.100</b>	<b>Wells Fargo Card Services</b>	Last 4 digits of account number	<b>3 5 8 5</b>	<b>unknown</b>
Nonpriority Creditor's Name		When was the debt incurred?	_____	
<b>PO Box 393</b>				
Number Street				
<b>Minneapolis, MN 55480-0393</b>				
City State ZIP Code				
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Revolving Account</u>				



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.101</b>	<b>Wheatland Bank</b> Nonpriority Creditor's Name <b>205 S. Main St. Suite 1</b> Number Street <b>Ellensburg, WA 98926</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 6 4 6</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Checking</u>	<b>\$17,088.57</b>
<b>4.102</b>	<b>Wilcox &amp; Flegel Oil Co.</b> Nonpriority Creditor's Name <b>95 Panel Way</b> Number Street <b>Longview, WA 98632</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>08/2024</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Commercial Account</u>	<b>\$56,950.00</b>

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**1. Radius Global Solutions LLC** On which entry in Part 1 or Part 2 did you list the original creditor?  
Name \_\_\_\_\_ Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
PO Box 390900 ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

Minneapolis, MN 55439

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**2. Washington Collectors** On which entry in Part 1 or Part 2 did you list the original creditor?  
Name \_\_\_\_\_ Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
510 N. 20th Ave. Suite D ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

Pasco, WA 99301

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**3. Collection Bureau of Walla Walla** On which entry in Part 1 or Part 2 did you list the original creditor?  
Name \_\_\_\_\_ Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
224 E. Poplar St. ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

Walla Walla, WA 99362

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**4. Financial Recovery Services** On which entry in Part 1 or Part 2 did you list the original creditor?  
Name \_\_\_\_\_ Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
PO Box 385908 ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

Minneapolis, MN 55438

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**5. Undue Medical Debt** On which entry in Part 1 or Part 2 did you list the original creditor?  
Name \_\_\_\_\_ Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
P.O. Box 19085 ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number 9 6 9 3

Long Island City, NY 11101-9085

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**6. Media Collections, Inc.** On which entry in Part 1 or Part 2 did you list the original creditor?  
Name \_\_\_\_\_ Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
8948 Canyon Falls Blvd. Suite 200 ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number 2 0 3 4

Twinsburg, OH 44087-1900

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

<b>7.</b>	<b>Dellwo, Roberts &amp; Scanlon, P.S.</b> <hr/> Name <b>1124 W. Riverside Ave. Suite 310</b> <hr/> Number      Street  <hr/> <b>Spokane, WA 99201-1109</b> <hr/> City                      State                      ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _ _ _ _
<b>8.</b>	<b>NACM Commercial Services</b> <hr/> Name <b>7931 NE Halsey St. Suite 103</b> <hr/> Number      Street  <hr/> <b>Portland, OR 97213</b> <hr/> City                      State                      ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _ _ _ _
<b>9.</b>	<b>ARSI</b> <hr/> Name <b>555 St Charles Dr Suite 110</b> <hr/> Number      Street  <hr/> <b>Thousand Oaks, CA 91360</b> <hr/> City                      State                      ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _ _ _ _
<b>10.</b>	<b>Client Services Inc</b> <hr/> Name <b>3451 Harry S Truman Blvd</b> <hr/> Number      Street  <hr/> <b>Saint Charles, MO 63301-4047</b> <hr/> City                      State                      ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _ _ _ _
<b>11.</b>	<b>Radius Global Solutions LLC</b> <hr/> Name <b>PO Box 390900</b> <hr/> Number      Street  <hr/> <b>Minneapolis, MN 55439</b> <hr/> City                      State                      ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _ _ _ _
<b>12.</b>	<b>Portfolio Recovery Associates</b> <hr/> Name <b>120 Corporate Blvd 100</b> <hr/> Number      Street  <hr/> <b>Norfolk, VA 23502</b> <hr/> City                      State                      ZIP Code	<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _ _ _ _

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>13.</b> <u>Client Services Inc</u> Name <u>3451 Harry S Truman Blvd</u> Number Street <u>Saint Charles, MO 63301-4047</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>14.</b> <u>ARSI</u> Name <u>555 St Charles Dr Suite 110</u> Number Street <u>Thousand Oaks, CA 91360</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>15.</b> <u>Cavalry Portfolio Services</u> Name <u>500 Summit Lake Dr.</u> Number Street <u>Valhalla, NY 10595-1340</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>6 7 4 2</u>
<b>16.</b> <u>Cavalry SPV I LLC</u> Name <u>1 American Lane Suite 220</u> Number Street <u>Greenwich, CT 06831</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>17.</b> <u>United Collection Bureau Inc</u> Name <u>PO Box 140310</u> Number Street <u>Toledo, OH 43614</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>18.</b> <u>McCarthy Burgess &amp; Wolff</u> Name <u>26000 Cannon Rd</u> Number Street <u>Bedford, OH 44146</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.19</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>19.</b>	<b>Credit Control LLC</b> Name <b>PO Box 31179 Suite 500</b> Number Street <b>Tampa, FL 33631</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.20</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>20.</b>	<b>United Collection Bureau Inc</b> Name <b>PO Box 140310</b> Number Street <b>Toledo, OH 43614</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.20</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>21.</b>	<b>Portfolio Recovery Associates</b> Name <b>120 Corporate Blvd 100</b> Number Street <b>Norfolk, VA 23502</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.20</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>22.</b>	<b>Armada Corp.</b> Name <b>93 Eastmont Ave. Suite 100</b> Number Street <b>East Wenatchee, WA 98802-5305</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.21</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>23.</b>	<b>Palladino Law Office, LLC</b> Name <b>2400 Veterans Memorial Blvd. Suite 300A</b> Number Street <b>Kenner, LA 70062</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.24</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>24.</b>	<b>Collection Bureau of Walla Walla</b> Name <b>224 E. Poplar St.</b> Number Street <b>Walla Walla, WA 99362</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.25</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>25.</b>	<b>Jefferson Capital System</b> Name <b>PO Box 17210</b> Number Street <b>Golden, CO 80402</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.26</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>26.</b>	<b>ARS National Services Inc.</b> Name <b>PO Box 469046</b> Number Street <b>Escondido, CA 92046-9046</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.35</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>27.</b>	<b>Sunrise Credit Services</b> Name <b>PO Box 9100</b> Number Street <b>Farmingdale, NY 11735</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.35</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>28.</b>	<b>Radius Global Solutions LLC</b> Name <b>PO Box 390900</b> Number Street <b>Minneapolis, MN 55439</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.35</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>29.</b>	<b>Greenburg, Grant &amp; Richards, Inc.</b> Name <b>5858 Westheimer Road Suite 500</b> Number Street <b>Houston, TX 77057</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.37</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>30.</b>	<b>Continental Commercial Group</b> Name <b>1111 N. Brand Blvd. Suite 401</b> Number Street <b>Glendale, CA 91202</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.38</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>31. Credit Collection Services</b> Name <u>PO Box 607</u> Number Street  <u>Norwood, MA 02062</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.39</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>9 3 5 0</u>
<b>32. TriVerity, Inc.</b> Name <u>26263 Forest Blvd. Suite 100</u> Number Street  <u>Wyoming, MN 55092</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.40</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>33. Merchants Credit Association</b> Name <u>2245 152nd Avenue NE</u> Number Street  <u>Redmond, WA 98052</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>34. Nat Assoc of Credit Mgmt</b> Name <u>8840 Columbia 100 Pkwy</u> Number Street  <u>Columbia, MD 21045</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.46</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>35. American Coradius International</b> Name <u>2420 Sweet Home Road Suite 150</u> Number Street  <u>Buffalo, NY 14228</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.47</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>2 7 5 4</u>
<b>36. Valley Empire Collection</b> Name <u>8817 E. Mission Ave. Suite 101</u> Number Street  <u>Spokane, WA 99212</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.51</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>37.</b> <u>Yakima Adjustment Service, Inc.</u> Name <u>309 W. Lincoln Ave</u> Number Street <u>Yakima, WA 98902-2655</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.53</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>L</u> <u>E</u> <u>U</u> <u>J</u>
<b>38.</b> <u>Harris &amp; Harris</u> Name <u>111 W Jackson Blvd 400</u> Number Street <u>Chicago, IL 60604</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.54</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>39.</b> <u>Optimum Outcomes</u> Name <u>PO Box 660943</u> Number Street <u>Dallas, TX 75266-0943</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.55</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>40.</b> <u>Evergreen Financial Services Inc.</u> Name <u>1214 North 16th Avenue</u> Number Street <u>Yakima, WA 98902</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.60</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>6</u> <u>9</u> <u>6</u> <u>0</u>
<b>41.</b> <u>Washington Collectors</u> Name <u>510 N. 20th Ave. Suite D</u> Number Street <u>Pasco, WA 99301</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.64</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>42.</b> <u>Southwest Credit Systems</u> Name <u>4120 International Pkwy #1100</u> Number Street <u>Carrollton, TX 75007</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.65</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____



Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>43.</b>	<b>Valor Intelligent Processing LLC</b> Name <u>P.O. Box 207899</u> Number Street <u>Dallas, TX 75320-7899</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.66</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>2</u> <u>9</u> <u>8</u> <u>2</u>
<b>44.</b>	<b>Automated Accounts, Inc.</b> Name <u>430 W. Sharp Ave</u> Number Street <u>Spokane, WA 99201</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.68</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>5</u> <u>8</u> <u>3</u> <u>1</u>
<b>45.</b>	<b>Law Office of Benjamin Kelly, P.S.</b> Name <u>9218 Roosevelt Way NE</u> Number Street <u>Seattle, WA 98115</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.71</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>o</u> <u>u</u> <u>r</u> <u>t</u>
<b>46.</b>	<b>Caine &amp; Weiner</b> Name <u>2000 Warrington Way</u> Number Street <u>Louisville, KY 40222</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.72</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>47.</b>	<b>ASAP Collections, Inc.</b> Name <u>6980 Santa Teresa Blvd. Suite 150</u> Number Street <u>San Jose, CA 95119</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.74</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>6</u> <u>5</u> <u>6</u> <u>8</u>
<b>48.</b>	<b>American Profit Recovery</b> Name <u>34505 W. 12 Mile Road Suite 333</u> Number Street <u>Farmington, MI 48331</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.78</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>49.</b>	<b>Express Collections</b> Name <u>PO Box 9307</u> Number Street  <u>Rapid City, SD 57709</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.79</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>50.</b>	<b>Merchants Credit Association</b> Name <u>2245 152nd Avenue NE</u> Number Street  <u>Redmond, WA 98052</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.80</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>7</u> <u>1</u> <u>8</u> <u>8</u>
<b>51.</b>	<b>Automated Accounts, Inc.</b> Name <u>430 W. Sharp Ave</u> Number Street  <u>Spokane, WA 99201</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.84</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>52.</b>	<b>Target</b> Name <u>PO Box 660170</u> Number Street  <u>Dallas, TX 75266-0170</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.87</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>53.</b>	<b>Enhanced Recovery Co.</b> Name <u>P.O. Box 23870</u> Number Street  <u>Jacksonville, FL 32241-3870</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.87</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>0</u> <u>2</u> <u>3</u> <u>9</u>
<b>54.</b>	<b>McCarthy Burgess &amp; Wolff</b> Name <u>26000 Cannon Rd</u> Number Street  <u>Bedford, OH 44146</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.88</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____

Debtor 1 Elizabeth Rodriguez Case number (if known) \_\_\_\_\_  
Debtor 2 Rodrigo Rodriguez  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**

<b>55.</b> <u>AG Adjustments</u> Name <u>One Huntington Quadrangle Suite 4N15</u> Number Street <u>Melville, NY 11747</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.91</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>1</u> <u>3</u> <u>8</u> <u>5</u>
<b>56.</b> <u>Absolute Resolution Investment</u> Name <u>8000 Norman Center Dr. Suite 350</u> Number Street <u>Minneapolis, MN 55437</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>57.</b> <u>Arcon Credit Solutions, LLC</u> Name <u>8425 Seasons Parkway Suite 106</u> Number Street <u>Saint Paul, MN 55125</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>58.</b> <u>Radius Global Solutions LLC</u> Name <u>PO Box 390900</u> Number Street <u>Minneapolis, MN 55439</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>59.</b> <u>First National Collection Bureau Inc</u> Name <u>50 W Liberty Street</u> Number Street <u>Reno, NV 89501</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.93</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____
<b>60.</b> <u>Unifin, Inc.</u> Name <u>P.O. Box 1608</u> Number Street <u>Skokie, IL 60076</u> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.95</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number <u>0</u> <u>6</u> <u>2</u> <u>1</u>

Debtor 1	<b>Elizabeth</b>	<b>Rodriguez</b>	Case number (if known) _____
Debtor 2	<b>Rodrigo</b>	<b>Rodriguez</b>	
	First Name	Middle Name	Last Name

### Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

<b>61.</b> <b>Jefferson Capital System</b> <hr/> Name <b>PO Box 17210</b> <hr/> Number      Street  <hr/> <b>Golden, CO 80402</b> <hr/> City                      State                  ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?  Line <b>4.95</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _____
<b>62.</b> <b>Collection Bureau of Walla Walla</b> <hr/> Name <b>224 E. Poplar St.</b> <hr/> Number      Street  <hr/> <b>Walla Walla, WA 99362</b> <hr/> City                      State                  ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?  Line <b>4.101</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _____
<b>63.</b> <b>Fairway Collections</b> <hr/> Name <b>1616 S. Gold Street Suite 5</b> <hr/> Number      Street  <hr/> <b>Centralia, WA 98531</b> <hr/> City                      State                  ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?  Line <b>4.102</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number    _____

Debtor 1

ElizabethRodriguez

Debtor 2

RodrigoRodriguez

Case number (if known)

First NameMiddle NameLast Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$0.00
	6e.	Total. Add lines 6a through 6d.	6e. \$0.00
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$24,834.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$725,531.48
	6j.	Total. Add lines 6f through 6i.	6j. \$750,365.48

Debtor 1

ElizabethRodriguez

Debtor 2

RodrigoRodriguez

Case number (if known)

First NameMiddle NameLast Name



Fill in this information to identify your case:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**  
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Fill in this information to identify your case:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? Washington. Fill in the name and current address of that person.

Rodriguez, Rodrigo  
Name of your spouse, former spouse, or legal equivalent  
89050 E Calico Rd  
Number Street  
Kennewick, WA 99338  
City State ZIP Code

☒ Yes. In which community state or territory did you live? Washington. Fill in the name and current address of that person.

Rodriguez, Elizabeth  
Name of your spouse, former spouse, or legal equivalent  
89050 E Calico Rd  
Number Street  
Kennewick, WA 99338  
City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_



Debtor 1	<b>Elizabeth</b>	<b>Rodriguez</b>	Case number (if known) _____
Debtor 2	<b>Rodrigo</b>	<b>Rodriguez</b>	
	First Name	Middle Name	Last Name

## Additional Page to List More Codebtors

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
<div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-bottom: 5px;">3.2</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 90%;"></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Name</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>Number</span> <span>Street</span> </div> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>ZIP Code</span> </div>	<p>Check all schedules that apply:</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Schedule D, line _____         </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Schedule E/F, line _____         </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Schedule G, line _____         </div>

Fill in this information to identify your case:

Debtor 1 **Elizabeth** **Rodriguez**  
First Name Middle Name Last Name

Debtor 2 **Rodrigo** **Rodriguez**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern** District of **Washington**

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☐ Employed  
☒ Not employed

#### Occupation

#### Employer's name

#### Employer's address

Number Street

City State ZIP Code

How long employed there? \_\_\_\_\_

#### Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

**Owner/Operator**

**Triple A's Trucking**

**89050 E. Calico Road**

Number Street

**Kennewick, WA 99338**

City State ZIP Code

**01/2016-present**

### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. **For Debtor 1** **For Debtor 2 or non-filing spouse**  
**\$0.00** **\$0.00**

3. **Estimate and list monthly overtime pay.**

3. + **\$0.00** + **\$0.00**

4. **Calculate gross income.** Add line 2 + line 3.

4. **\$0.00** **\$0.00**

Debtor 1      Elizabeth      Rodriguez      Case number (if known) \_\_\_\_\_

Debtor 2      Rodrigo      Rodriguez

First Name      Middle Name      Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	<u>\$0.00</u>	<u>\$0.00</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$0.00</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance	5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. Domestic support obligations	5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	+ <u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$0.00</u>	<u>\$0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$0.00</u>	<u>\$0.00</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	<u>\$7,980.02</u>
8b. Interest and dividends	8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation	8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e. <u>\$1,254.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>WA L &amp; I Pension</u>	8f. <u>\$2,857.37</u>	<u>\$0.00</u>
8g. Pension or retirement income	8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: _____	8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$4,111.37</u>	<u>\$7,980.02</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$4,111.37</u>	+ <u>\$7,980.02</u> = <u>\$12,091.39</u>

Debtor 1	<b>Elizabeth</b>	<b>Rodriguez</b>	Case number (if known) _____
Debtor 2	<b>Rodrigo</b>	<b>Rodriguez</b>	
	First Name	Middle Name	Last Name

**11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Specify: \_\_\_\_\_ 11. + \$0.00

**12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.	<u>\$12,091.39</u>
-----	--------------------

**Combined  
monthly income**

**13. Do you expect an increase or decrease within the year after you file this form?**

☒ No.

☐ Yes. Explain:

--

Debtor 1	<u>Elizabeth</u>	<u>Rodriguez</u>	Case number (if known) _____
Debtor 2	<u>Rodrigo</u>	<u>Rodriguez</u>	
	First Name	Middle Name	Last Name

8a. Attached Statement

### Business Income

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$17,599.30</u>
--------------------------	--------------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$999.81</u>
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$417.52</u>
8. Inventory Purchases (Including raw materials)	<u>\$0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$0.00</u>
12. Office Expenses and Supplies	<u>\$66.67</u>
13. Repairs and Maintenance	<u>\$3,531.30</u>
14. Vehicle Expenses	<u>\$2,567.66</u>
15. Travel and Entertainment	<u>\$0.00</u>
16. Equipment Rental and Leases	<u>\$0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>
18. Insurance	<u>\$2,036.33</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	
TOTAL OTHER EXPENSES	<u>\$0.00</u>
22. TOTAL MONTHLY EXPENSES (Add item 2 - 21)	<u>\$9,619.27</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 1)	<u>\$7,980.02</u>
---	-------------------



Fill in this information to identify your case:

Debtor 1	<u>Elizabeth</u>	<u>Rodriguez</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Rodrigo</u>	<u>Rodriguez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Washington</u>	
Case number (if known)	<u></u>	

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

26

☐ No. ☒ Yes.

Child

22

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$4,659.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$175.00

4d. \$100.00

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	<u>\$0.00</u>
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$240.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$215.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$425.00</u>
6d. Other. Specify: <u>Irrigation</u>	6d.	<u>\$104.17</u>
7. Food and housekeeping supplies	7.	<u>\$600.00</u>
8. Childcare and children's education costs	8.	<u>\$0.00</u>
9. Clothing, laundry, and dry cleaning	9.	<u>\$150.00</u>
10. Personal care products and services	10.	<u>\$175.00</u>
11. Medical and dental expenses	11.	<u>\$20.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$500.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$0.00</u>
14. Charitable contributions and religious donations	14.	<u>\$40.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$0.00</u>
15b. Health insurance	15b.	<u>\$0.00</u>
15c. Vehicle insurance	15c.	<u>\$350.00</u>
15d. Other insurance. Specify: _____	15d.	<u>\$0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	<u>\$0.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 <u>2020 Can-Am UTV Maverick</u>	17a.	<u>\$320.59</u>
17b. Car payments for Vehicle 2 <u>2023 Jeep Wrangler</u>	17b.	<u>\$1,328.53</u>
17c. Other. Specify: <u>2018 Ford F250</u>	17c.	<u>\$1,210.00</u>
17d. Other. Specify: _____	17d.	<u>\$0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	<u>\$0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19.	<u>\$0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .		
20a. Mortgages on other property	20a.	<u>\$0.00</u>
20b. Real estate taxes	20b.	<u>\$0.00</u>
20c. Property, homeowner's, or renter's insurance	20c.	<u>\$0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d.	<u>\$0.00</u>
20e. Homeowner's association or condominium dues	20e.	<u>\$0.00</u>



Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. + \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$10,612.29

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$10,612.29

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$12,091.39

23b. Copy your monthly expenses from line 22c above.

23b. - \$10,612.29

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$1,479.10

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Elizabeth</u>	<u>Rodriguez</u>
	First Name	Last Name
Debtor 2	<u>Rodrigo</u>	<u>Rodriguez</u>
(Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Washington</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$1,006,140.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$75,431.76</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$1,081,571.76</u>

### Part 2: Summarize Your Liabilities

#### Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$1,851,542.68</u>
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3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>+ \$750,365.48</u>

Your total liabilities

\$2,601,908.16

### Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$12,091.39</u>
---	--------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$10,612.29</u>
---	--------------------

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

First Name

Middle Name

**Rodriguez  
Rodriguez**

Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$10,837.39**

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$24,834.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<u><b>\$24,834.00</b></u>

Fill in this information to identify your case:

Debtor 1	<u>Elizabeth</u>	<u>Rodriguez</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Rodrigo</u>	<u>Rodriguez</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Washington</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Elizabeth Rodriguez  
Elizabeth Rodriguez, Debtor 1

**X** /s/ Rodrigo Rodriguez  
Rodrigo Rodriguez, Debtor 2

Date 06/19/2025  
MM/ DD/ YYYY

Date 06/19/2025  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>1851 S. Fescue St.</u> Number Street	From <u>2021</u> To <u>2022</u>	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1
<u>Kennewick, WA 99338</u> City State ZIP Code		Number Street City State ZIP Code	From _____ To _____
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	<b>Sources of income</b> <small>Check all that apply.</small>	<b>Sources of income</b> <small>Check all that apply.</small>
	<b>Gross Income</b> <small>(before deductions and exclusions)</small>	<b>Gross Income</b> <small>(before deductions and exclusions)</small>
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <b>\$28,324.00</b>
<b>For last calendar year:</b> <small>(January 1 to December 31, <u>2024</u>)</small> <div style="text-align: center;"><small>YYYY</small></div>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <b>\$52,640.00</b>
<b>For the calendar year before that:</b> <small>(January 1 to December 31, <u>2023</u>)</small> <div style="text-align: center;"><small>YYYY</small></div>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <b>\$56,400.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	<b>Sources of income</b> <small>Describe below.</small>	<b>Sources of income</b> <small>Describe below.</small>
	<b>Gross income from each source</b> <small>(before deductions and exclusions)</small>	<b>Gross Income from each source</b> <small>(before deductions and exclusions)</small>
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Social Security</b> <b>Disability</b>	 <b>\$6,704.00</b> <b>\$17,144.22</b>
<b>For last calendar year:</b> <small>(January 1 to December 31, <u>2024</u>)</small> <div style="text-align: center;"><small>YYYY</small></div>	<b>Social Security</b> <b>Disability</b>	 <b>\$12,588.00</b> <b>\$32,909.93</b>
<b>For the calendar year before that:</b> <small>(January 1 to December 31, <u>2023</u>)</small> <div style="text-align: center;"><small>YYYY</small></div>	<b>Social Security</b> <b>Disability</b>	 <b>\$12,588.00</b> <b>\$32,909.93</b>

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<b>Gesa Credit Union</b>	<b>03/01/2025</b>	<b>\$3,750.00</b>	<b>\$11,045.17</b>	<input type="checkbox"/> Mortgage
Creditor's Name				<input checked="" type="checkbox"/> Car
<b>51 Gage Blvd</b>	<b>04/01/2025</b>			<input type="checkbox"/> Credit card
Number Street				<input type="checkbox"/> Loan repayment
<b>Richland, WA 99352</b>	<b>05/01/2025</b>			<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) \_\_\_\_\_  
 Debtor 2 **Rodrigo** **Rodriguez**  
 First Name Middle Name Last Name

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____			

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <b>Automated Accounts v. Rodrigo Rodriguez</b> Case number <b>25-2-01091-8</b>	<b>05/12/2025</b> <b>Judgment obtained</b>	<b>Benton County Superior Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code
Case title <b>XXX v. Rodrigo Rodriguez</b> Case number <b>5A0343499</b>	<b>03/17/2025</b>	<b>Benton County District Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code
Case title <b>Collection Bureau of Walla Walla v. Rodriguez</b> Case number <b>24-2-02862-2</b>	<b>Benton County Superior Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) \_\_\_\_\_  
 Debtor 2 **Rodrigo** **Rodriguez**

First Name Middle Name Last Name

	Nature of the case	Court or agency	Status of the case
Case title <b>Petrocard, Inc. v. Rodriguez</b> Case number <b>24-2-01495-8</b>		<b>Benton County Superior Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>Armada Corp. v. Rodriguez</b> Case number <b>B24-14962</b>		<b>Benton County District Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>Cavalry SPV LLC v. Rodriguez</b> Case number <b>B25-16032</b>		<b>Benton County District Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>Automated Accounts v. Rodrigo Rodriguez</b> Case number <b>B25-16191</b>		<b>Benton County District Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>XXX v. Rodrigo Rodriguez</b> Case number <b>5A-0343499</b>		<b>Benton County District Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>Carson Oil Co. v. Rodriguez</b> Case number <b>175871</b>		<b>Benton County District Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>Collection Bureau of Walla Walla v. Rodriguez</b> Case number <b>175817</b>		<b>Benton County District Court</b> Court Name <b>7122 W. Okanogan Place</b> Number Street <b>Kennewick, WA 99336</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) \_\_\_\_\_  
Debtor 2 **Rodrigo** **Rodriguez**  
First Name Middle Name Last Name

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Describe the property		Date	Value of the property
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>			
Explain what happened			
<input type="checkbox"/> Property was repossessed.			
<input type="checkbox"/> Property was foreclosed.			
<input type="checkbox"/> Property was garnished.			
<input type="checkbox"/> Property was attached, seized, or levied.			

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		

Last 4 digits of account number: XXXX- \_ \_ \_ \_

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No  
☐ Yes. Fill in the details for each gift.

Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) \_\_\_\_\_  
 Debtor 2 **Rodrigo** **Rodriguez**  
 First Name Middle Name Last Name

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift  _____  Number Street  City State ZIP Code  Person's relationship to you _____		_____ _____	_____ _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name  _____  Number Street  City State ZIP Code		_____ _____	_____ _____

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
		_____	_____

Debtor 1 **Elizabeth** **Rodriguez**  
Debtor 2 **Rodrigo** **Rodriguez**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 7:** List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- ☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
<b>Law Office of Amy Wilburn, PLLC.</b>			
Person Who Was Paid			
<b>PO Box 112350</b>		<b>6/17/2025</b>	<b>\$575.00</b>
Number Street		<b>06/17/2025</b>	<b>\$1,738.00</b>
<b>Tacoma, WA 98411</b>			
City State ZIP Code			
<b>amy@amywilburnlaw.com</b>			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) \_\_\_\_\_  
Debtor 2 **Rodrigo** **Rodriguez**

First Name Middle Name Last Name

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>Wheatland Bank</b> Name of Financial Institution	XXXX- 4 0 9 4	<input checked="" type="checkbox"/> Checking	06/2023	\$0.00
222 N. Wall Street Number Street		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
Spokane, WA 99201 City State ZIP Code		<input type="checkbox"/> Other		

Debtor 1 **Elizabeth** **Rodriguez** Case number (if known) \_\_\_\_\_  
Debtor 2 **Rodrigo** **Rodriguez**

First Name Middle Name Last Name

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

**Wheatland Bank**

Name of Financial Institution

XXXX- 5 6 4 6

☐ Checking

06/2023

\$0.00

☒ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

**222 N. Wall Street Suite 100**

Number Street

**Spokane, WA 99201**

City State ZIP Code

**Spokane Teacher's Credit Union**

Name of Financial Institution

XXXX- 2 6 8 4

☒ Checking

02/2024

\$0.00

☐ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

**9207 East Mission Avenue**

Number Street

**Spokane, WA 99206**

City State ZIP Code

**Spokane Teacher's Credit Union**

Name of Financial Institution

XXXX- 0 8 5 6

☐ Checking

02/2024

\$0.00

☒ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

**9207 East Mission Avenue**

Number Street

**Spokane, WA 99206**

City State ZIP Code

**Numerica Credit Union**

Name of Financial Institution

XXXX- \_\_\_\_\_

☒ Checking

05/2023

\$0.00

☐ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

**PO Box Box 4000**

Number Street

**Veradale, WA 99037**

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

**Rodriguez  
Rodriguez**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Who else had access to it?**

**Describe the contents**

**Do you still have it?**

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

☐ No

☐ Yes

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

☒ No

☐ Yes. Fill in the details.

**Who else has or had access to it?**

**Describe the contents**

**Do you still have it?**

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

☐ No

☐ Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

☒ No

☐ Yes. Fill in the details.

**Where is the property?**

**Describe the property**

**Value**

Owner's Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

**Part 10:** Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name of site</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Number    Street</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">City                      State    ZIP Code</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Governmental unit</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Number    Street</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">City                      State    ZIP Code</div>	<div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px solid black; height: 50px; margin-bottom: 5px;"></div>

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name of site</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Number    Street</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">City                      State    ZIP Code</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Governmental unit</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Number    Street</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">City                      State    ZIP Code</div>	<div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div>	<div style="border-bottom: 1px solid black; height: 50px; margin-bottom: 5px;"></div>

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.



Debtor 1	<b>Elizabeth</b>		<b>Rodriguez</b>		Case number (if known) _____
Debtor 2	<b>Rodrigo</b>		<b>Rodriguez</b>		
	First Name	Middle Name	Last Name		

  

<b>Court or agency</b>		<b>Nature of the case</b>	<b>Status of the case</b>
<b>Case title</b> _____ _____ _____ <b>Case number</b> _____		<b>Court Name</b> _____ _____ <b>Number</b> <b>Street</b> _____ _____ <b>City</b> <b>State</b> <b>ZIP Code</b> _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☒ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

<b>Triple A's Trucking</b> Name _____ _____ <b>89050 E. Calico Road</b> Number    Street _____ <b>Kennewick, WA 99338</b> City                      State    ZIP Code	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
	Trucking	EIN: <u>3</u> <u>1</u> - <u>1</u> <u>7</u> <u>7</u> <u>4</u> <u>4</u> <u>3</u> <u>6</u>
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>
		From <u>2016</u> To <u>Present</u>

  

<b>Roy's Trucking, Inc.</b> Name _____ _____ <b>100507 E. Ridgeview Dr.</b> Number    Street _____ <b>Kennewick, WA 99338</b> City                      State    ZIP Code	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
	Trucking	EIN: <u>3</u> <u>1</u> - <u>1</u> <u>7</u> <u>7</u> <u>4</u> <u>4</u> <u>3</u> <u>6</u>
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>
		From <u>2005</u> To <u>2025</u>

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☒ No
- ☐ Yes. Fill in the details below.

Debtor 1	<b>Elizabeth</b>	<b>Rodriguez</b>	Case number (if known) _____
Debtor 2	<b>Rodrigo</b>	<b>Rodriguez</b>	
	First Name	Middle Name	

  

Date issued

  

Name _____	MM / DD / YYYY _____
------------	----------------------

  

Number _____	Street _____
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City _____	State _____	ZIP Code _____
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**Part 12:** Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Elizabeth Rodriguez  
 Signature of Elizabeth Rodriguez, Debtor 1

**X** /s/ Rodrigo Rodriguez  
 Signature of Rodrigo Rodriguez, Debtor 2

Date 06/19/2025

Date 06/19/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**United States Bankruptcy Court**  
Eastern District of Washington

**In re**      Rodriguez, Elizabeth

Rodriguez, Rodrigo

Case No. \_\_\_\_\_

**Debtor**

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$6,000.00**

Prior to the filing of this statement I have received ..... **\$2,000.00**

Balance Due ..... **\$4,000.00**

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**06/19/2025**

*Date*

**/s/ Amy Wilburn**

Amy Wilburn

*Signature of Attorney*

Bar Number: 49583

Law Office of Amy Wilburn, PLLC.

PO Box 112350

Tacoma, WA 98411

Phone: (253) 617-4380

**Law Office of Amy Wilburn, PLLC.**

*Name of law firm*

Fill in this information to identify your case:

Debtor 1 Elizabeth Rodriguez  
First Name Middle Name Last Name

Debtor 2 Rodrigo Rodriguez  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Washington

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 122B

### Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.<sup>11</sup> U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$0.00</u>	<u>\$0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse.	<u>\$0.00</u>	<u>\$0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>
5. Net income from operating a business, profession, or farm		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$17,599.29</u>
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$9,619.27</u>
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$7,980.02</u>
	Copy here →	<u>\$0.00</u> <u>\$7,980.02</u>
6. Net income from rental and other real property		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>
	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

Debtor 1  
Debtor 2

**Elizabeth  
Rodrigo**

**Rodriguez  
Rodriguez**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**7. Interest, dividends, and royalties**

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ..... ↓

For you..... **\$1,254.00**

For your spouse..... **\$0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

If necessary, list other sources on a separate page and put the total below.

**Income from All Other Sources**

Total amounts from separate pages, if any.

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

**\$0.00**

**\$0.00**

**\$0.00**

**\$0.00**

**\$0.00**

**\$0.00**

**\$2,857.37**

**\$0.00**

+ \_\_\_\_\_

+ \_\_\_\_\_

**\$2,857.37**

+ **\$7,980.02**

= **\$10,837.39**

Total average  
monthly income

**Part 2:** Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** **/s/ Elizabeth Rodriguez**  
Signature of Debtor 1

**X** **/s/ Rodrigo Rodriguez**  
Signature of Debtor 2

Date **06/19/2025**  
MM/ DD/ YYYY

Date **06/19/2025**  
MM/ DD/ YYYY

IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WASHINGTON  
SPOKANE DIVISION

IN RE: **Rodriguez, Elizabeth**  
**Rodriguez, Rodrigo**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 06/19/2025 Signature /s/ Elizabeth Rodriguez  
Elizabeth Rodriguez, Debtor

Date 06/19/2025 Signature /s/ Rodrigo Rodriguez  
Rodrigo Rodriguez, Joint Debtor

Absolute Resolution  
Investment  
8000 Norman Center Dr. Suite 350  
Minneapolis, MN 55437

Absolute Resolutions  
Investments, LLC  
PO Box Box 243  
Minneapolis, MN 55439

ADT  
PO Box 371878  
Pittsburgh, PA 15250

AG Adjustments  
One Huntington Quadrangle Suite 4N15  
Melville, NY 11747

American Coradius  
International  
2420 Sweet Home Road Suite 150  
Buffalo, NY 14228

American Express  
P.O. Box 410  
Ramsey, NJ 07446-0410

American Profit Recovery  
34505 W. 12 Mile Road Suite 333  
Farmington, MI 48331

Arcon Credit Solutions, LLC  
8425 Seasons Parkway Suite 106  
Saint Paul, MN 55125



Armada Corp.  
93 Eastmont Ave. Suite 100  
East Wenatchee, WA 98802-5305

ARS National Services Inc.  
PO Box 469046  
Escondido, CA 92046-9046

ARSI  
555 St Charles Dr Suite 110  
Thousand Oaks, CA 91360

ASAP Collections, Inc.  
6980 Santa Teresa Blvd. Suite 150  
San Jose, CA 95119

AT&T  
PO Box 5014  
Carol Stream, IL 60197

Automated Accounts, Inc.  
430 W. Sharp Ave  
Spokane, WA 99201

Banner Bank  
10 S 1st Ave  
WallaWalla, WA 99362

Barclays Bank Delaware  
PO Box 8803  
Wilmington, DE 19899

Benton Rural Electric  
Association  
402 7th St.  
Prosser, WA 99350

Boone Emergency Physicians  
2753 Hospital Court  
Rio Grande City, TX 78582

Caine & Weiner  
2000 Warrington Way  
Louisville, KY 40222

Canal Insurance  
P.O Box 7  
Greenville, SC 29602

Capital One  
PO Box 31293  
Salt Lake City, UT 84131

Carson  
3125 NW 35th Ave.  
Portland, OR 97210

Cavalry Portfolio Services  
500 Summit Lake Dr.  
Valhalla, NY 10595-1340

Cavalry SPV I LLC  
1 American Lane Suite 220  
Greenwich, CT 06831

Cavalry SPV I LLC  
3800 N. Central Ave.  
Phoenix, AZ 85012-1992

CECO, Inc.  
3125 NW 35th Ave.  
Portland, OR 97210

Christensen Oil Fuel  
1060 Jadwin Ave.  
Richland, WA 99352

Citibank N.A.  
PO Box 9001037  
Louisville, KY 40290-1037

Citibank NA  
5800 S Corporate Place  
Sioux Falls, SD 57108

Citibank, N.A.  
PO Box 9001094  
Louisville, KY 40290-1094

City of Kennewick  
210 W 6th Ave.  
Kennewick, WA 99336

City of West Richland  
3100 Belmont Boulevard Suite 100  
West Richland, WA 99353

Client Services Inc  
3451 Harry S Truman Blvd  
Saint Charles, MO 63301-4047

Coast Professional, Inc.  
4273 Volunteer Road  
Geneseo, NY 14454

CO-Energy, Inc.  
1015 N Oregon Ave  
Pasco, WA 99301

Coleman Oil  
335 Mill Road  
Lewiston, ID 83501

Collection Bureau of Walla  
Walla  
224 E. Poplar St.  
Walla Walla, WA 99362

Collection Bureau of Walla  
Walla  
224 E. Poplar St.  
WallaWalla, WA 99362

Comenity Bank  
PO Box 182120  
Columbus, OH 43218-2120

Continental Commercial  
Group  
1111 N. Brand Blvd. Suite 401  
Glendale, CA 91202

Crazy Frog Pest Control  
4023 W. Clearwater Ave.  
Kennewick, WA 99336

Credit Collection Services  
PO Box 607  
Norwood, MA 02062

Credit Collection Services  
Collection  
PO Box 607  
Norwood, MA 02062

Credit Control LLC  
PO Box 31179 Suite 500  
Tampa, FL 33631

Credit Management LP  
6080 Tennyson Pkwy Suite 100  
Plano, TX 75024-6002

Dellwo, Roberts & Scanlon,  
P.S.  
1124 W. Riverside Ave. Suite 310  
Spokane, WA 99201-1109

Direct TV  
2230 E Imperial Hwy  
El Segundo, CA 90245

Dobbs Peterbilt  
2800 136th Avenue Court E.  
Sumner, WA 98390

E-470 Public Highway  
Authority  
P.O. Box 5470  
Denver, CO 80217-5470

Ed Financial/ESA  
120 N. Seven Oaks Dr.  
Knoxville, TN 37922-2359

Elan Financial Services  
PO Box 108  
Saint Louis, MO 63166-1610

Enhanced Recovery Co.  
P.O. Box 23870  
Jacksonville, FL 32241-3870

Evergreen Financial Services  
Inc.  
1214 North 16th Avenue  
Yakima, WA 98902

Express Collections  
PO Box 9307  
Rapid City, SD 57709

Fairway Collections  
1616 S. Gold Street Suite 5  
Centralia, WA 98531

Financial Recovery Services  
PO Box 385908  
Minneapolis, MN 55438

First National Bank of Omaha  
P.O. Box 2658  
Omaha, NE 68103-2658

First National Collection  
Bureau Inc  
50 W Liberty Street  
Reno, NV 89501

FleetOne Holdings, LLC  
PO Box 630038  
Cincinnati, OH 45263-0038

Flyers Energy, LLC  
2360 Lindbergh Street  
Auburn, CA 95602

Geico Inc.  
Attn: Region 3 Underwriting  
PO Box 9105  
Macon, GA 31208

Gesa Credit Union  
51 Gage Blvd  
Richland, WA 99352

Goldman Sachs Bank USA  
Lockbox 6112  
PO Box 7247  
Philadelphia, PA 19170-6112

Greenburg, Grant & Richards,  
Inc.  
5858 Westheimer Road Suite 500  
Houston, TX 77057

GWP Holdings, LLC  
2800 136th Avenue Ct. E.  
Sumner, WA 98390-9206

Harris & Harris  
111 W Jackson Blvd 400  
Chicago, IL 60604

HSBC Bank USA NA  
PO Box 4657  
Carol Stream, IL 60197

Hunt & Sons, LLC  
5750 S. Watt Ave  
Sacramento, CA 95829

Incyte Pathology, PS  
P.O. Box 3495  
Raymond, OH 43067-0475

Indiana Toll Road Concession  
Company  
3200 Cassopolis St.  
Elkhart, IN 46514

Inland Imaging Associates,  
PS  
801 S Stevens St.  
Spokane, WA 99204-2654

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101



Jefferson Capital System  
PO Box 17210  
Golden, CO 80402

Justice Family Chiropractic  
7106 W. Hood Place  
Kennewick, WA 99336

Kadlec Regional Medical  
Center  
888 Swift Blvd  
Richland, WA 99352

Law Office of Benjamin Kelly,  
P.S.  
9218 Roosevelt Way NE  
Seattle, WA 98115

Les Schwab Tire Center  
PO Box 5350  
Bend, OR 97708

Linebarger Goggan Blair &  
Sampson LLP  
PO Box 17428  
Austin, TX 78760

Malheur County Circuit Court  
251 B. Street W. Box 3  
Vale, OR 97918

Maryland Transportation  
Authority  
P.O. Box 12853  
Philadelphia, PA 19176-0853

McCarthy Burgess & Wolff  
26000 Cannon Rd  
Bedford, OH 44146

Media Collections, Inc.  
8948 Canyon Falls Blvd. Suite 200  
Twinsburg, OH 44087-1900

Merchants Credit Association  
2245 152nd Avenue NE  
Redmond, WA 98052

Michael Breier, DMD  
2469 Queensgate Dr  
Richland, WA 99352

Motive  
55 Hawthorne Street Suite 400  
San Francisco, CA 94105

NACM Commercial Services  
7931 NE Halsey St. Suite 103  
Portland, OR 97213

Nat Assoc of Credit Mgmt  
8840 Columbia 100 Pkwy  
Columbia, MD 21045

NC Quick Pass  
P.O. Box 100020  
Fort Lauderdale, FL 33302-4430

New Jersey EZ-Pass  
P.O. Box 4971  
Trenton, NJ 08650

Nolan's Collisions  
1125 E. Columbia Street  
Pasco, WA 99301

North Texas Tollway  
Authority  
P.O. Box 260928  
Plano, TX 75026-0928

Numerica Credit Union  
PO Box Box 4000  
Veradale, WA 99037

Optimum Outcomes  
PO Box 660943  
Dallas, TX 75266-0943

Oregon Judicial Department  
1163 State St.  
Salem, OR 97301-2563

Palladino Law Office, LLC  
2400 Veterans Memorial Blvd. Suite 300A  
Kenner, LA 70062

Pennsylvania Turnpike Toll by  
Plate  
P.O. Box 645631  
Pittsburgh, PA 15264-5254

Petrocard, Inc.  
730 Central Ave S.  
Kent, WA 98032

P-Fleet Fuel Card  
6390 Greenwich Drive Suite 200  
San Diego, CA 92122

Pinnacle Pain Center  
8524 W. Gage Blvd. Bldg. A-1  
Kennewick, WA 99336

Portfolio Recovery Associates  
120 Corporate Blvd 100  
Norfolk, VA 23502

Prairie Electric, Inc.  
27050 NE 10th Ave  
Ridgefield, WA 98642

Premier Anesthesia  
2655 Northwinds Parkway  
Alpharetta, GA 30009

Radius Global Solutions LLC  
PO Box 390900  
Minneapolis, MN 55439

Revco Solutions Inc.  
P.O. Box 2589  
Columbus, OH 43216-2589

Riverlink  
P.O. Box 70  
Perry, NY 14530

Senske Services  
400 N. Quay St.  
Kennewick, WA 99336

Small Business  
Administration  
409 3rd St SW  
Washington, DC 20416

Smart Sales & Lease  
3220 W Main St #200  
Rapid City, SD 57702

Sound Credit Union  
P.O. Box 1595  
Tacoma, WA 98401

Southwest Credit Systems  
4120 International Pkwy #1100  
Carrollton, TX 75007

Spokane Teacher's Credit  
Union  
9207 East Mission Avenue  
Spokane, WA 99206

Sunrise Credit Services  
PO Box 9100  
Farmingdale, NY 11735

Synchrony Bank  
P.O. Box 960012  
Orlando, FL 32896-0012

Target  
PO Box 660170  
Dallas, TX 75266-0170

TCL North America  
850 New Burton Road Suite 201  
Dover, DE 19904

TD Bank USA  
PO Box Box 673  
Minneapolis, MN 55440-0673

The Goodyear Tire & Rubber  
Company  
200 Innovation Way  
Akron, OH 44316-0001

The Home Depot/CBNA  
PO Box 6497  
Sioux Falls, SD 57117

Transworld Systems, Inc.  
P.O. Box 15110  
Wilmington, DE 19850

TriVerity, Inc.  
26263 Forest Blvd. Suite 100  
Wyoming, MN 55092

Twinstar Credit Union  
PO Box Box 718  
Olympia, WA 98507-0718

ULine  
12575 Uline Drive  
Pleasant Prairie, WI 53158

Umpqua Bank  
500 SE Cass Ave  
Roseburg, OR 97470-3103

Undue Medical Debt  
P.O. Box 19085  
Long Island City, NY 11101-9085

Unifin, Inc.  
P.O. Box 1608  
Skokie, IL 60076

United Collection Bureau Inc  
PO Box 140310  
Toledo, OH 43614

US Bank  
800 Nicollet Mall  
Minneapolis, MN 55402-7000

US Bank  
PO Box 108  
Saint Louis, MO 63166

Valley Empire Collection  
8817 E. Mission Ave. Suite 101  
Spokane, WA 99212

Valor Intelligent Processing  
LLC  
P.O. Box 207899  
Dallas, TX 75320-7899

Verizon Wireless  
Bankruptcy Administration  
500 Technology Drive Suite 550  
Saint Charles, MO 63304

Violation Enforcement  
Systems  
P.O. Box 1212  
Horseheads, NY 14845-1200

WA Dept of Transportation  
P.O. Box 34562  
Seattle, WA 98124-1562

Washington Collectors  
510 N. 20th Ave. Suite D  
Pasco, WA 99301

Waterways, Inc.  
2118 SE 12th Ave. #101  
Battle Ground, WA 98604

Wells Fargo Card Services  
PO Box 393  
Minneapolis, MN 55480-0393



Wheatland Bank  
205 S. Main St. Suite 1  
Ellensburg, WA 98926

Wilcox & Flegel Oil Co.  
95 Panel Way  
Longview, WA 98632

Yakima Adjustment Service,  
Inc.  
309 W. Lincoln Ave  
Yakima, WA 98902-2655